



POSITION TASK BOOK FOR THE POSITION OF
**Medical Unit Leader
All-Hazards
(MEDL)**
Version: January 2012

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| POSITION TASK BOOK ASSIGNED TO: |
| INDIVIDUAL'S NAME, AHIMT NAME, AND PHONE NUMBER |
| POSITION TASK BOOK INITIATED BY: |
| OFFICIAL'S NAME, TITLE, AND PHONE NUMBER |
| DATE THE POSITION BOOK WAS INITIATED: |
| MONTH, DAY, YEAR |

Indiana Department of Homeland Security
Joseph E. Wainscott, Jr., Executive Director
Indiana Government Center South
302 West Washington Street, Room E208
Indianapolis, IN 46204

EVALUATOR

DO NOT COMPLETE THIS UNLESS YOU ARE RECOMMENDING THE TRAINEE FOR

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| VERIFICATION/QUALIFICATION OF COMPLETED POSITION TASK BOOK FOR THE POSITION OF MEDICAL UNIT LEADER |
| <i>FINAL EVALUATOR'S VERIFICATION</i> I verify that all tasks have been performed and are documented with appropriate initials. I also verify that _____ has performed as a trainee and should therefore be considered for qualification in this position. |
| FINAL EVALUATOR'S SIGNATURE AND DATE |
| EVALUATOR'S PRINTED NAME, TITLE, AND PHONE NUMBER |

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| AGENCY HEAD RECOMMENDATION FOR QUALIFICATION I certify that _____ has met all requirements for qualification in this position, and I recommend he/she be credentialed for the position. |
| OFFICIAL'S SIGNATURE AND DATE |
| OFFICIAL'S PRINTED NAME, TITLE, AGENCY, AND PHONE NUMBER |

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| DISTRICT RESPONSE TASK FORCE COMMANDER RECOMMENDATION FOR QUALIFICATION I certify that _____ has met all requirements for qualification in this position, and I recommend that he/she be credentialed for the position. |
| OFFICIAL'S SIGNATURE AND DATE |
| OFFICIAL'S PRINTED NAME, TITLE, AGENCY, AND PHONE NUMBER |

HISTORICAL RECOGNITION

Historical recognition is a process that provides a means by which incident management personnel who have either:

- Documentation of previous ICS training, education, and experience in an ICS position(s); or
- Documentation of previous extensive on-the-job incident response experience,

may receive credit for that previous experience, training, or qualification(s) and be considered as meeting the minimum requirements of this guide in the categories of:

- Education;
- Training; and
- Experience

for an ICS position(s) until he/she has successfully completed the actual minimum requirements for that position. Historical Recognition does not apply to the categories of Physical/Medical Fitness, Currency, or qualification. The minimum requirements within those categories must be met regardless of any historical recognition process.

HISTORICAL RECOGNITION PROCESS

If an Authority Having Jurisdiction (AHJ) does not form a Qualification Committee to assist with the management of the overall qualifications process, AHJ's should give strong consideration to at least forming a committee for the purposes of reviewing and processing applications for Historical Recognition. Because of the time commitment involved and the potential for perceptions of favoritism and unequal treatment during the process, other ICS qualifications processes currently used by federal and state agencies that included a historical recognition provision used review committees to accomplish that process.

The AHJ should develop a process to provide for the following:

- Developing a method to provide for historical recognition when there is sufficient documentation available to substantiate the experience;
- Developing a standardized method for any individual to submit documentation of the experience and training for review by the AHJ or the appropriate review committee established by the AHJ;
- Developing a method to determine if the previous experience or training is appropriate for the position, keeping in mind the required criteria for the position and the competencies necessary for safe and successful performance;
- Providing for Historical Recognition only when the individual has most recently performed the position within the last five years;
- Requiring the individual meet all minimum requirements in this guide for a position if the individual seeks an ICS position other than the position he/she was historically recognized for;
- Encouraging all individuals who are historically recognized into a position to complete the minimum requirements for the positions within five years of being historically recognized.

INCIDENT MANAGEMENT SYSTEM POSITION TASK BOOK

Position Task Books (PTB) were developed for designated positions as described under the National Interagency Incident Management System (NIIMS) and have been incorporated into the National Incident Management System (NIMS). The position task book is used by the State of Indiana to qualify that the person to whom the task book belongs meets the standards recommended by the National Integration Center (NIC).

Each PTB lists the performance requirements (tasks) for the specific position in a format that allows a trainee to be evaluated against written guidelines. Successful performance of all tasks, as observed and recorded by a Qualified Evaluator, will result in a recommendation that the trainee be qualified in that position. Evaluation and confirmation of the individual's performance of all tasks may involve more than one evaluator and can occur on incidents, events, full scale exercises, and in other work situations. Designated PTBs require position performance during which the majority of required tasks are demonstrated on a single incident. It is important performance be critically evaluated and accurately recorded by each evaluator. All tasks must be evaluated. All bullet statements within a task that require an action (contain an action verb) **MUST** be demonstrated before that task can be signed off.

A brief list of responsibilities also appears below.

RESPONSIBILITIES:

1. The **Agency Management** is responsible for:

- Selecting trainees based on the needs of their organization or area Incident Management Teams.
- Providing opportunities for evaluation and/or making the trainee available for evaluation.

2. The **Individual** is responsible for:

- Reviewing and understanding instructions in the PTB.
- Identifying desired objectives/goals.
- Providing background information on an evaluator.
- Satisfactorily demonstrating completion of all tasks for an assigned position within three years.
- Assuring the evaluation record is complete.
- Notifying the local agency head when the PTB is completed and obtaining their signature recommending qualification.

3. The **Evaluator** is responsible for:

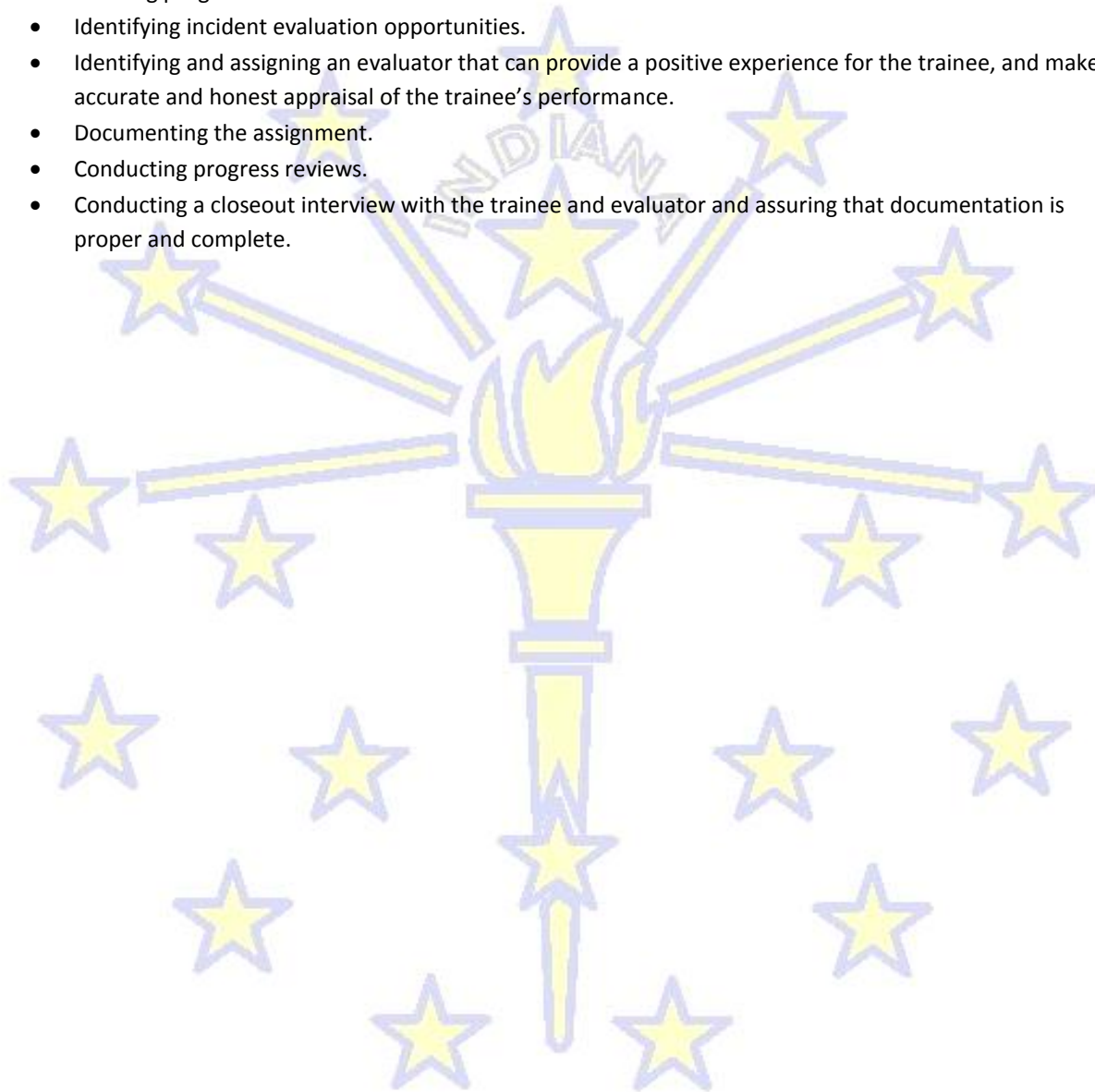
- Being qualified and proficient in the position being evaluated.
- Meeting with the trainee and determining past experience, current qualifications, and desired objectives/goals.
- Reviewing tasks with the trainee.
- Explaining to the trainee the evaluation procedures that will be utilized and which objectives may be attained.
- Identifying tasks to be performed during the evaluation period.
- Accurately evaluation and recording demonstrated performance of tasks. Dating and initializing completion of the task shall document satisfactory performance. Unsatisfactory performance shall be documented in the Evaluation Record.

- Completing the Evaluation Record found at the end of each PTB.

4. The **Final Evaluator** is responsible for signing the verification statement inside the front cover of the PTB when all tasks have been initialed.

5. The **Agency Head** or designee is responsible for:

- Tracking progress of the trainee.
- Identifying incident evaluation opportunities.
- Identifying and assigning an evaluator that can provide a positive experience for the trainee, and make an accurate and honest appraisal of the trainee's performance.
- Documenting the assignment.
- Conducting progress reviews.
- Conducting a closeout interview with the trainee and evaluator and assuring that documentation is proper and complete.



Competency 1: Assume position responsibilities

Description: Successfully assume role of Medical Unit Leader and initiate position activities at the appropriate time according to the following behaviors.

| TASK | CODE | EVALUATION RECORD # | EVALUATOR Initial and Date upon completion of task |
|--|------|------------------------|--|
| GENERAL | | | |
| 1. Obtain and assemble information and materials needed for kit. Kit will be assembled and prepared prior to receiving an assignment. Kit will contain critical items needed for the assignment and items needed for functioning during the first 48 hours. Kit will be easily transportable and within agency weight limitation. The <u>basic</u> information and materials needed <u>may include</u> , but is not limited to, any of the following: <ul style="list-style-type: none"> • Fireline Handbook 410 • Injury/Illness Log • ICS Form 206, Medical Plan • ICS Form 213, General Message • ICS Form 214, Unit Log | O | | |
| 2. Establish and maintain positive interpersonal and interagency working relationships. <ul style="list-style-type: none"> • Through briefings, discuss EEO, civil rights, sexual discrimination, and other sensitive issues with assigned personnel. • Recognize cultural language difficulties as it impacts work output and expectations. • Provide equal assignment opportunities based on individual skill level. • Monitor and evaluate progress based on expected work standards, not race, color or creed. • Individual agency values and policies are addressed throughout the tenure of the incident. • Differences in agency values and policies that affect the operation are arbitrated in a manner that fosters continuous positive working relationships. • Integrate cultural resource considerations into all management activities. | O | | |

Code: O= Task can be completed in an operations based exercise (Simulation or drill)

I = Task must be performed on an incident or Full Scale Exercise

R = Rare event – the evaluation assignment may not provide opportunities to demonstrate performance. The evaluator may be able to determine skills/knowledge through interview, or the home office may need to arrange for another assignment or simulation.

| TASK | CODE | EVALUATION RECORD # | EVALUATOR Initial and Date upon completion of task |
|--|------|------------------------|--|
| 3. Provide for the safety and welfare of assigned personnel during the entire period of supervision. <ul style="list-style-type: none"> • Recognize potentially hazardous situations. • Inform subordinates of hazards. • Ensure special precautions are taken when extraordinary hazards exist. • Ensure adequate rest, hydration, and nutrition is provided to all unit personnel. | I | | |
| 4. Obtain complete information from dispatch upon initial activation. <ul style="list-style-type: none"> • Incident name • Incident order number • Request number • Reporting location • Reporting time • Transportation arrangements/travel routes • Contact procedures during travel (telephone/radio) | I | | |
| 5. Gather information necessary to assess incident assignment and determine immediate needs and actions. <ul style="list-style-type: none"> • Incident Commander's/Supervisor's name, location, and contact • Current resource commitments • Current situation • Current situation status • Expected duration of incident • Expected duration of assignment • Type of incident • Check-in location • Reporting time (ETA) • Travel route • Order number • Terrain • Weather (current and expected) • Agency administrator's name and method to reach (as appropriate) • Phone/radio contact procedures during travel. | I | | |

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| TASK | CODE | EVALUATION RECORD # | EVALUATOR Initial and Date upon completion of task |
|---|------|------------------------|--|
| 6. Arrive at incident and check-in. <ul style="list-style-type: none"> Arrive properly equipped. Check in at check-in location according to agency guidelines within acceptable time limits | I | | |
| 7. Obtain briefing from Logistics Section Chief/Service Branch Director. Individual will ensure briefings are complete and include minimum description of work space, work schedule, policies, and operation procedures necessary to activate medical unit and prepare medical plan. | I | | |
| 8. Participate in service branch/logistics section planning activities. Individual will attend logistical section planning meetings as required. Medical Unit Leader will come prepared with information/problems concerning his/her operation. Individual will assimilate information from planning meetings into next operational period Medical Plan. | I | | |
| 9. Organizes work area. Consider key items: <ul style="list-style-type: none"> Acquire table(s), seating, and additional supplies not in kit. Acquire communications equipment (e.g., radios, telephones, data communication equipment and operator) Establish filing system: card holders or racks organized by operational period and section. | I | | |
| 10. Evaluates needs and orders supplies and materials to keep unit operating. <ul style="list-style-type: none"> Order materials and supplies using procedures established by the section chief Maintain quantities of forms, supplies, and materials at a level to prevent shortage of any basic needed items | I | | |
| 11. Organize and supervise unit. <ul style="list-style-type: none"> Identify a need for subordinates Order subordinates Brief and keep subordinates informed Establish unit timeframes and schedules Make assignments Spot check work Evaluate performance Review and approve time Develop teamwork Provide counseling and discipline when required | I | | |

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| TASK | CODE | EVALUATION RECORD # | EVALUATOR Initial and Date upon completion of task |
|--|------|------------------------|---|
| <p>12. Determine Level of emergency medial activities performed prior to the activation of the Medical Unit.</p> <ul style="list-style-type: none"> Individual will obtain information on past medical incidents from Safety Officer, previous medical unit logs, and records. Review of incidents will include identification of cause, numbers, severity, disposition, and agency involved. Perform follow-up as needed. | I/R | | |
| <p>13. Activate medical unit.</p> <ul style="list-style-type: none"> Individual demonstrates thorough knowledge of elements needed to operate a medical unit in ordering supplies and personnel necessary to meet the complexity of the incident. Individual must demonstrate knowledge in ordering procedures and be familiar with supply catalog and special orders. Individual will anticipate special medical needs when potential hazard conditions exist and order supplies prior to problems occurring. | I/R | | |
| <p>14. Supervise medical unit. Individual is able to supervise a complex organizational structure involving more than one camp operation.</p> | I/R | | |
| <p>15. Prepare medical plan. The ICS Form 206 (Medical Plan) will be prepared in consultation with the Safety Officer. It will be submitted to the Safety Officer for review in a timely fashion prior to each operational period for enclosure in Incident Action Plan. Plan will be updated, as necessary, for each operational period, reflecting changes in incident and resource allocation. The plan will include:</p> <ul style="list-style-type: none"> Inventory of area/regional EMS and health care resources in the area and their capabilities Incident EMS resources, assignment, and procedures for handling medivac and medical calls. | I | | |
| <p>16. Prepare medical unit procedures to be used in the event of a major medical emergency at the incident. Medical Unit Leader will write standard operating procedures for handling multi-casualty events. Those procedures will include allocation of EMS resources as well as procedure for communication notification of command personnel and receiving health care facilities.</p> | I/R | | |

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| TASK | CODE | EVALUATION RECORD # | EVALUATOR Initial and Date upon completion of task |
|--|------|------------------------|---|
| 17. Declare major medical emergency as appropriate (optional task). Appropriate actions are taken in the event of a major medical incident to assess severity and magnitude and make proper notifications. Individual performs adequately under stressful conditions, maintaining control of situation and resources. | I/R | | |
| 18. Respond to request for medical aid, supplies, and transportation. <ul style="list-style-type: none"> Individual managers of the medical unit must function in a way that provides personnel appropriate and timely medical care. Medical inventories are maintained and updated. Staffing levels reflect incident size and complexity. Transportation resources are available for rapid response and evacuation of the seriously ill or injured. | I | | |
| 19. Interact and coordinate with appropriate unit leader and operations personnel. <ul style="list-style-type: none"> Receive and transmit needed information. | I | | |
| 20. Prepare and submit reports. All reports will be completed daily on a scheduled basis and more often as required by Logistics Section Chief and Safety Officer. | I | | |
| 21. Maintains ICS Form 214 (Unit Log). Unit Log will be kept current and legible for all major activities. | I | | |
| 22. Coordinate with Safety Officer and Compensation/Claims Officer in handling significant illnesses and injuries. <ul style="list-style-type: none"> Medical Unit Leader will periodically brief Safety Officer of trends in medical complaints experienced by personnel in order to identify safety problems. Medical Unit Leader will inform claims/compensation personnel of injuries/illnesses requiring medical attention and must be familiar with CA-1, CA-2, CA-16. | I/R | | |
| 23. Brief subordinate(s) and relief personnel. Direct communication is critical. Information is to be given periodically and with every change of planned work. The chain of command must be followed. Overall incident information is important to subordinates. | I | | |

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| TASK | CODE | EVALUATION RECORD # | EVALUATOR Initial and Date upon completion of task |
|--|------|------------------------|---|
| 24. Resources and supplies are released in accordance with the situation and demobilization plan upon approval of Logistics Section Chief. | I | | |
| 25. Medical Unit Leader demonstrates skills in patient assessment and treatment appropriate for the camp setting. <ul style="list-style-type: none"> • Demonstrate a good knowledge base and experience in the assessment and treatment of acute medical or trauma patients. • Evaluate routine health problems and treat appropriately with over-the-counter medications. • Know when patient needs to receive further medical evaluation. | O | | |
| 26. Evaluate performance of subordinates as required by agency policy. Performance evaluations are done for all unit personnel prior to their release from the incident. Performance evaluations are discussed with the individual. | I | | |
| DEMOBILIZATION | | | |
| 27. Demobilization and check-out. <ul style="list-style-type: none"> • Receive demobilization instructions from work supervisor. • Brief subordinate staff on demobilization procedures and responsibilities. • Ensure that incident and agency demobilization procedures are followed. If required, ICS Form 221 (Demobilization Check-Out) is completed and turned in to the appropriate person. | I | | |

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INSTRUCTIONS FOR COMPLETING THE EVALUATION RECORD

There are four separate blocks allowing evaluations to be made. These evaluations may be made on incidents (may include preplanned events and full scale exercises), simulations in classroom, or in daily duties, depending on what the position task book indicates. This should be sufficient for qualification in the position if the individual is adequately prepared. If additional blocks are needed, a page can be copied from a blank task book and attached.

COMPLETE THESE ITEMS AT THE START OF THE EVALUATION PERIOD:

Evaluator's name, incident/office title, and agency: List the name of the Evaluator, his/her incident position or office title, and agency.

Evaluator's home agency, address, and phone: Self explanatory

#: The number next to the Evaluator's name in the upper left corner of the evaluation record identifies a particular experience or group of experiences. This number should be placed in the column labeled "Evaluation Record #" on the Qualification Record for each task performed satisfactorily. This number will enable reviewers of the complete Qualification Record to ascertain the qualifications of the different evaluators prior to making the appropriate signoff on the Qualification Record.

Location of Incident/Simulation: Identify the location where the tasks were performed by agency and office.

Incident Kind: Enter kind of incident, e.g., hurricane, search and rescue, flood, preplanned event, full scale exercise, etc.

COMPLETE THESE ITEMS AT THE END OF THE EVALUATION PERIOD:

Number and Type of Resource: Enter the number of resources and types assigned to the incident pertinent to the Trainee's task book position.

Duration: Enter inclusive dates during with the Trainee was evaluated. This block may indicate a span of time covering several small and similar incidents if the Trainee has been evaluated on that basis.

Recommendation: Check as appropriate and/or make comments regarding the future needs for development of this trainee.

Date: List the date the record is being completed.

Evaluator's initials: Initial here to authenticate your recommendations and to allow for comparison with initials in the Qualifications Record.

Evaluator's relevant qualification: List your qualification relevant to the trainee position you supervised.

Evaluation Record

 TRAINEE NAME

 TRAINEE POSITION

| | | | | |
|---|-------------------------------------|--|--|--------------------------------------|
| #1 | Evaluator's Name | Incident/Office Title | Agency | |
| Evaluator's Home Unit Address & Phone | | | | |
| Name & Location of Incident or Situation (Agency & Area) | Incident Kind (e.g. Flood, Tornado) | Number & Type of Resources Pertinent to the Trainee's Position | Duration (inclusive dates in trainee status) | Management Level or Complexity Level |
| Recommendations: The tasks initialed and dated by me have been performed under my supervision in a satisfactory manner by the above named trainee. I recommend the following for further development of this trainee. <ul style="list-style-type: none"> • The individual has successfully performed all tasks for the position and should be considered for qualification. • The individual was not able to complete certain tasks (comments below) or additional guidance is required. • Not all tasks were evaluated on this assignment and an additional assignment is needed to complete the evaluation. • The individual is severely deficient in the performance of tasks for the position and needs further training (both required and knowledge and skills needed) prior to additional assignment(s) as a trainee. Recommendations: _____ _____ Date: _____ Evaluator's Initials: _____ Evaluator's relevant agency qualifications or rating: _____ | | | | |

| | | | | |
|---|-------------------------------------|--|--|--------------------------------------|
| #2 | Evaluator's Name | Incident/Office Title | Agency | |
| Evaluator's Home Unit Address & Phone | | | | |
| Name & Location of Incident or Situation (Agency & Area) | Incident Kind (e.g. Flood, Tornado) | Number & Type of Resources Pertinent to the Trainee's Position | Duration (inclusive dates in trainee status) | Management Level or Complexity Level |
| Recommendations: The tasks initialed and dated by me have been performed under my supervision in a satisfactory manner by the above named trainee. I recommend the following for further development of this trainee. <ul style="list-style-type: none"> • The individual has successfully performed all tasks for the position and should be considered for qualification. • The individual was not able to complete certain tasks (comments below) or additional guidance is required. • Not all tasks were evaluated on this assignment and an additional assignment is needed to complete the evaluation. • The individual is severely deficient in the performance of tasks for the position and needs further training (both required and knowledge and skills needed) prior to additional assignment(s) as a trainee. Recommendations: _____ _____ Date: _____ Evaluator's Initials: _____ Evaluator's relevant agency qualifications or rating: _____ | | | | |

Evaluation Record
(Continuation Sheet)

| TRAINEE NAME | | TRAINEE POSITION | | |
|---|-------------------------------------|--|--|--------------------------------------|
| #3 | Evaluator's Name | Incident/Office Title | Agency | |
| Evaluator's Home Unit Address & Phone | | | | |
| Name & Location of Incident or Situation (Agency & Area) | Incident Kind (e.g. Flood, Tornado) | Number & Type of Resources Pertinent to the Trainee's Position | Duration (inclusive dates in trainee status) | Management Level or Complexity Level |
| <p>Recommendations:</p> <p>The tasks initialed and dated by me have been performed under my supervision in a satisfactory manner by the above named trainee. I recommend the following for further development of this trainee.</p> <ul style="list-style-type: none"> The individual has successfully performed all tasks for the position and should be considered for qualification. The individual was not able to complete certain tasks (comments below) or additional guidance is required. Not all tasks were evaluated on this assignment and an additional assignment is needed to complete the evaluation. The individual is severely deficient in the performance of tasks for the position and needs further training (both required and knowledge and skills needed) prior to additional assignment(s) as a trainee. <p>Recommendations: _____</p> <p>_____</p> <p>Date: _____ Evaluator's Initials: _____</p> <p>Evaluator's relevant agency qualifications or rating: _____</p> | | | | |

| TRAINEE NAME | | TRAINEE POSITION | | |
|---|-------------------------------------|--|--|--------------------------------------|
| #4 | Evaluator's Name | Incident/Office Title | Agency | |
| Evaluator's Home Unit Address & Phone | | | | |
| Name & Location of Incident or Situation (Agency & Area) | Incident Kind (e.g. Flood, Tornado) | Number & Type of Resources Pertinent to the Trainee's Position | Duration (inclusive dates in trainee status) | Management Level or Complexity Level |
| <p>Recommendations:</p> <p>The tasks initialed and dated by me have been performed under my supervision in a satisfactory manner by the above named trainee. I recommend the following for further development of this trainee.</p> <ul style="list-style-type: none"> The individual has successfully performed all tasks for the position and should be considered for qualification. The individual was not able to complete certain tasks (comments below) or additional guidance is required. Not all tasks were evaluated on this assignment and an additional assignment is needed to complete the evaluation. The individual is severely deficient in the performance of tasks for the position and needs further training (both required and knowledge and skills needed) prior to additional assignment(s) as a trainee. <p>Recommendations: _____</p> <p>_____</p> <p>Date: _____ Evaluator's Initials: _____</p> <p>Evaluator's relevant agency qualifications or rating: _____</p> | | | | |

ADDITIONAL NOTES

